

FEB 19 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Putnam Registration District No. 712  
 Township Elm Primary Registration District No. 5550  
 City (No) St. Ward

File No. 2661  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

|  |                              |   |
|--|------------------------------|---|
| 3. SEX<br><u>M</u>   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>S</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-4-1937</u>            |                              |   |
| 7. AGE YEARS<br><u>✓</u>   | MONTHS<br><u>✓</u>           | DAYS<br><u>✓</u>  |
| If LESS than 1 day, <u>11</u> hrs. or <u>11</u> min.               |                              |   |

|            |   |  |
|------------|---|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | 11. Total time (years) spent in this occupation <u>✓</u> |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.          |  |
|            | 10. Date deceased last worked at this occupation (month and year)                           |  |
|            |   |  |

|        |  |
|--------|--|
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> |
|        | 13. NAME <u>Ernest Montgomery</u>                                |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>      |
|        | 15. MAIDEN NAME <u>Galdia Brookhart</u>                          |

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|---|
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> |
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|--|
| 17. INFORMANT <u>Ernest Montgomery</u><br>(ADDRESS) <u>Washington Mo</u> |
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|---|
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Mariontown</u> DATE <u>Jan 5</u> 19 <u>37</u> |
|---|

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| 19. UNDERTAKER <u>Dr. H. H. Husted &amp; Sons</u><br>(ADDRESS) <u>Unionville Mo.</u> |
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| 20. FILED <u>Jan 6</u> 19 <u>37</u> <u>Dr. C. O. Thomas</u><br>Registrar. |
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## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1937  
 22. I HEREBY CERTIFY That I attended deceased from Jan 4 1937 to Jan 5 1937  
 I last saw him alive on Jan 4 1937 Death is said to have occurred on the date stated above, at 7 P. m.  
 The principal cause of death and related causes of importance were as follows:

Premature birth  
 Date of onset 1/4/37

Other contributory causes of importance 13  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. H. H. Husted, M. D.  
 (Address) Unionville Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 10-10-2001 BY 60322 UCBAW/STP